

FEB 14 2007

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To: Examiner Matthew John Kaszlejna
Art Unit: 3739

From: Thomas Spinelli, Esq.
Registration No.: 39,533

Fax: 571-273-8300

Pages: 15

Phone: 571-272-6086

Date: February 14, 2007

Re: USSN: 10/764,892
Our Docket: 17376

CC:

RESPONSE TO THREE-MONTH OFFICE ACTION

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1. Response W/Transmittal in Duplicate
2. Certificate of Facsimile Transmission

Applicants: Tsutomu Okada

Serial No.: 10/764,892

For: DIATHERMIC SNARE, MEDICAL INSTRUMENT SYSTEM USING THE
SNARE, SNARE, AND METHOD OF ASSEMBLING THE MEDICAL
INSTRUMENT SYSTEM

Filed: January 26, 2004

Docket: 17376

Dated: February 14, 2007

TS:cm

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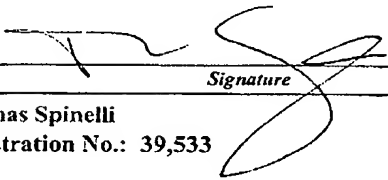
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17376									
Applicant(s): Tsutomu Okada														
Application No. 10/764,892	Filing Date January 26, 2004	Examiner Matthew John Kasztejna	Customer No. 23389	Group Art Unit 3739	Confirmation No. 9699									
Invention: DIATHERMIC SNARE, MEDICAL INSTRUMENT SYSTEM USING THE SNARE, AND METHOD OF ASSEMBLING THE MEDICAL INSTRUMENT SYSTEM														
COMMISSIONER FOR PATENTS:														
Transmitted herewith is an amendment in the above-identified application.														
The fee has been calculated and is transmitted as shown below.														
CLAIMS AS AMENDED														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	17 -	20 =	0	x \$50.00	\$0.00									
INDEP. CLAIMS	3 -	4 =	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
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 _____ Signature Thomas Spinelli Registration No.: 39,533			Dated: February 14, 2007											
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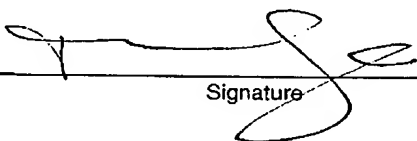
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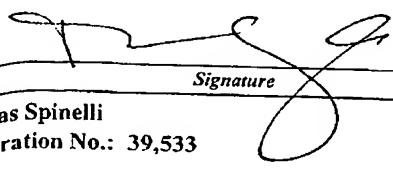
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Applicant(s): Tsutomu Okada						
Application No. 10/764,892	Filing Date January 26, 2004	Examiner Matthew John Kasztejna	Customer No. 23389	Group Art Unit 3739	Confirmation No. 9699	
Invention: DIATHERMIC SNARE, MEDICAL INSTRUMENT SYSTEM USING THE SNARE, AND METHOD OF ASSEMBLING THE MEDICAL INSTRUMENT SYSTEM						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	17	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature Thomas Spinelli Registration No.: 39,533			Dated: February 14, 2007			
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Applicant:	Tsutomu Okada	Examiner:	Matthew John Kasztejna
Serial No:	10/764,892	Art Unit:	3739
Filed:	January 26, 2004	Docket:	17376
For:	DIATHERMIC SNARE, MEDICAL INSTRUMENT SYSTEM USING THE SNARE, AND METHOD OF ASSEMBLING THE MEDICAL INSTRUMENT SYSTEM	Dated:	February 14, 2007

Conf. No.: 9699

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RESPONSE

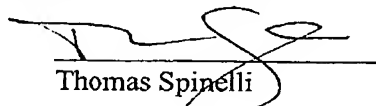
Sir:

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Dated: February 14, 2007


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